	Effective on 1	2/10/2/2004			an or unorthings mas	sicolispizyo a velid (nadmun lorance SMC
Feas pursuant to the	he Consolidated Ap	propriations Act, 20	05 (H.A. 4818) .		Comple	te if Known	
FEE TRANSMITTAL				Application Numbe	Application Number 09/837,288 RECE		
			IAL	Filing Date	04/18/2001	 -	CENTRAL PAR
for FY 2005			First Named Invent			CENTRAL FAX (
				Examiner Name	T.B. Truong		IANOS
Applicant cla	ılms small ent	itv status. See	97 CFR 1 27		2135		JAN II 5 2
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 120,00				Art Unit			
METHOD OF PAYMENT				Allomey Dockel No	. PD010067 -	Customer No. 2	4498
L.J.Check ☐ C	redit card	☐ Money C	rder	☐ None	Other (ple		
Customer Number		•			C Other (ple	ase identify):	
⊠ Charge	dentilled depos fee(s) indicat any additiona r 37 CED 1 1	sit account, the ed below il fee(s) or un	Olrector is here	ਾਂ ⊠ Credit anv	eck all that apply e(s) indicated if	below, exce	pt for the filing fee
FEE CALCULATION				_			
1. BASIC FILING, SI	EARCH, AND FILING F	EXAMINATIO		CH FEES			
•		Small Entity	OLAH	Small Entity	EXAMINAT	TON FEES <u>Small E</u>	atitu
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (S)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200		Fees Pald (\$)
Design	200	100	100	50	· -	100	
'fant	200	100	300		130	65	
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rovisional	200		500	250	600	300	
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EXCESS CLAIM F	EES						
e Description						<u>Small B</u>	ntity
ich claim over 20 (inclu	udina Reissues				<u>Fee</u>		Fee (\$)
ich independent claim	nune 9 (Section)	. O			50		25
ikipie dependent cialm	re exer a flucingilië	(26V8BBPn			200		100
ial Cialma	_	OI-I-	_		360		160
		ra Claima	<u>Fee (\$)</u>	Fee Paid (\$)		i <u>pla Dapen</u> da	nt Claime
- 20 (e highest number of t	or HP = total ctalms paid	for. If orgalar than	=		Fee		Fee Peid (\$)
			· 20.			•	
dependent Claims		a Claims	Fee (\$)	Fèe Paid (\$)			
+30	"HP=	×					į.
e highest number of it	ndependent clair	ns paid for, if gre	ater than 3.				
APPLICATION SIZE he specification and ings under 37 CFR	drawings exce	eed 100 sheets pplication size	i of paper (exclu fee due is \$250	ding electronically fil (\$125 for small entity	ed sequence or	computer	
			,	, ro(s <i>)</i> .		เมาสู 50	I
tal Sheets	Extra Shee	<u>ta Nun</u>	nber of each ad	lditional 50 or fracti	on thereof	Fee (\$)	Foo Paid (6)
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OTHER FEE(8)						_	
							Fees Paid (S)
n-English Specificati	1011, \$130 fee (no small entity	discount)				· 000 - 910 (0)
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er (e.g., late filing si	ukananga); One	month Extens	lon				\$120.00
ATTED BY							
o (Print/Type) J	osaph J. Kolodka	1 59	listration No.			\neg	——— <u> </u>
itura	N F	TAIL	omey/Agent)	39,731	Telephone	(809) 734-6	815
Z1	A MA	#		_			
attendition of information is require	ed by 37 kpR 1, 665 T	and an incute	Lio cetting character in his	nells by the public anterness file activities gathering pathering, people and activities of the people and the people and activities of the people activities of the pe			
all vary depending upon the installation Order, U.S. Parent and T	PARTIES COME. ANY COME	on a comment of the	and her tenting in collisions in	netwithe Cathering, preparing, an	and by the LEPTO so pro	d application cam to	Centistantiality
I Us Commissioner for Parisa	u P.O. Bol plea dis	ASDERIA VA 223 143	es, P.O. Box 1450, Aloxe R. Il you need assistance	in completing the farm	SEND FEES OR COMPL	ETED FORMS TO THE	Chiel SI ACORFRO
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